

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/2/042 Serial/Patent # 10622 438

3 Please refund the following fee(s):

4 PAPER
NUMBER5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

1460 Petition

2/2/04

\$ 130

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 130

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 21--0765

10 REASON:

Overpayment

Duplicate Payment

✓ No Fee Due (Explanation):

PET DUE TO PTO ERROR

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: D WOODTITLE: SR ATTYSIGNATURE: [Signature]PHONE: 308 6913OFFICE: OP*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:APPROVED: [Signature]DATE: 4/5/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: